



WESTERN CANADIAN REINING ASSOCIATION

Email: wcreining@gmail.com

Web: www.wcra.info

2022 Chapter Activity Form for Insurance Purposes

Chapter Name: _____

Address: _____

City: _____ Postal Code: _____

Please indicate ALL the Chapter's planned activities (use a separate page if required). Give specific dates and descriptions – Clinics [] Lessons [] Competitions [] Member Rides [] Schooling shows [] Meetings [] Social Events []

Please describe ALL planned fund-raising activities:

Describe ALL "other" activities: _____

TOTAL FEES PAYABLE TO WCRA = \$50.00 PLEASE SEND COMPLETED APPLICATION TO:

GERI BROWN/WCRA TREASURER, 2090 KIDD ROAD, SMITHERS, BC V0J 2N6

Phone: 250-847-0660 Email: tootsbrown@gmail.com